PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10790378

CLAIMS AS FILED - PART I							SMALL ENTITY				OTHER THAN		
ΙŢ	OTAL CLAIM:	<u> </u>	(Colum	(Column 1) (Co			TYF	TYPE		OR			
			17		_		F	ATE	FEE].	RATE	FEE	
FOR			NUMBER FILED		NUME	NUMBER EXTRA		SIC FEE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			7 minus 20= * -		<u> </u>		X\$ 9=			OR	X\$18=		
⊩	DEPENDENT (minus 3 =			·	×	43=		OR	X86=			
М	JLTIPLE DEPE	NDENT CLAIM F	RESENT			+1	45=		OR				
*	f the differenc	e in column 1 is	less than z	less than zero, enter "0" in column 2			LTC	TAL		OR	L	770	
CLAIMS AS AMENDED - PART II										_	OTHER	THAN	
_	·	(Column 1)		(Column 2) (Column 3			SMALL ENTITY				SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	ER JSLY	PRESENT EXTRA	R/	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	XS	9=		OR	X\$18=		
	Independent	*	Minus	***		=	X	13=		OR	X86=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								45=		OR	+290=		
								OTAL FEE			TOTAL		
		(Column 1)		(Column	1 2)	(Column 3)	ADDIT	. rcc <u>.</u>			ADDIT. FEE		
AMENDMENT B		CLAIMS REMAINING		HIGHES NUMBE	ST T			T	ADDI-) [ADDI-	
		AFTER AMENDMENT		PREVIOU: PAID FO	SLY	PRESENT EXTRA	RA	TE	TIONAL		RATE	TIONAL	
	Total	*	Minus	**		=	X\$	9=		OR	X\$18=		
	Independent	*	Minus	***		=	X4	3=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM												
										OR	+290=	•	
N							ADDIT.	FEE .		OR ,	TOTAL ODIT. FEE		
		(Column 1)		(Column		Column 3)		•	• .		•		
MEN		CLAIMS REMAINING AFTER AMENDMENT		HIGHES' NUMBER PREVIOUS PAID FOI	R SLY	PRESENT EXTRA	RAT		ADDI- TONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X\$ 9)=		OR	X\$18=		
	Independent		Minus	***		=	X43	_		_	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	700-		
* f	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+290=		
II	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR A	TOTAL DDIT. FEE		
T	he "Highest Num	ber Previously Paid	For" (Total or	Independent)	is the h	o, enter 3. ighest number (ound in th	e appro	opriate box				